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OPERATOR	1
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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
Atlantic Richfield Company
 Address
P.O. Box 2197 Farmington, N.M. 87401
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate *from McWood effective March 1, 1967*

If change of ownership give name and address of previous owner _____

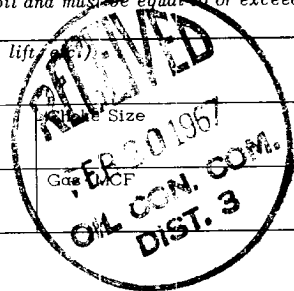
II. DESCRIPTION OF WELL AND LEASE
 Lease Name **State "J" Gas Com** Well No. **1** Pool Name, Including Formation **Basin Dakota- Sakota** Kind of Lease **State, Federal or Fee State**
 Location:
 Unit Letter **B** ; **1190** Feet From The **North** Line and **1950** Feet From The **East**
 Line of Section **16** , Township **30N** Range **12W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3119, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Southern Union Gathering Company Address (Give address to which approved copy of this form is to be sent)
Fidelity Union Tower Bldg. Dallas 1, Tex.
 If well produces oil or liquids, give location of tanks. Unit **B** Sec. **16** Twp. **30N** Rge. **12W** Is gas actually connected? **yes** When **12-15-63**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Pool _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 Date First New Oil Run To Tanks _____ Date of Test _____ Producing Method (Flow, pump, gas lift) _____
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____
 Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____



GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pitot, back pr.) _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

VI. CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
B. Sestain
 Reg. Prod. Supervisor
 (Title)
 2/17/67
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY _____
 TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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